Chelsea and Westminster Healthcare NHS
NHS Trust

Minutes of the Public Meeting of the Trust Board held on 30th September 2004.

Present:

Non-Executive Directors

Juggy Pandit (Chair)	Marilyn Frampton	Andrew Havery
Jenny Hill	Charles Wilson	

Executive Directors
Heather Lawrence, Chief Executive
Mike Anderson, Medical Director
Lorraine Bewes, Director of Finance and Information
Edward Donald, Director of Operations
Alex Geddes, Director of ICT
Andrew MacCallum, Director of Nursing
Clare McGurk, Director of Human Resources

In Attendance: Sue Perrin, Head of Corporate Affairs
Rodderick Corrie, Independent Member, Charitable Funds Committee (item 5.6 only)

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1. GENERAL MATTERS

1.1 WELCOME AND REMARKS BY THE CHAIRMAN
The Chairman welcomed the members of the public.

1.2 APOLOGIES FOR ABSENCE
Apologies were received from Professor Ara Darzi, non-executive director.

1.3 MINUTES OF THE MEETING HELD ON 29th JULY 2004
The minutes of 29th July were agreed as a correct record, subject to the inclusion of Heather Lawrence in the list of those present, and signed.

1.4 MATTERS ARISING FROM PREVIOUS MEETING
The Trust Board was updated on the following:

1.4.1 NATIONAL STAFF SURVEYS, 2003
Andrew Havery forwarded to Clare McGurk examples of good practice from another organisation, relating to customer care and staff training.

1.4.2 ASSISTED CONCEPTION UNIT (ACU)
Lorraine Bewes said that information on the number of cycles and finance would be included in future finance reports.

1.4.3 PERFORMANCE MANAGEMENT
Edward Donald said that he would discuss the reform and resumption of the Estates Controls Assurance Committee with the Chairman, Heather Lawrence and Charles Wilson.

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1.4.4 QUESTIONS FROM THE MEMBERS OF THE PUBLIC
This item should refer to 'patient' survey, a copy of which had been forwarded to the Patient and Public Forum.

All other items were covered by the agenda or had been scheduled for future meetings.

1.5 CHIEF EXECUTIVE'S REPORT

1.5.1 CHEYNE DAY CENTRE PLAN Heather Lawrence referred to the ongoing work in respect of funding and potential referral sources. There were three children at the Centre, with funding covering 2 plus children. Costs were being analysed and potential cost reductions had been identified. The Trust remained financially exposed.

1.5.2 SENIOR STAFF
Heather Lawrence said that Clark McGurk would be leaving the post of Director of Human Resources at the end of October and thanked her for her contribution during her eight years at the Trust. Maxine Foster, Workforce Development Lead at South West London Strategic Health Authority, would commence on 1 November as Acting Director of Human Resources for a period of six months. Norah Mason had commenced as Deputy Director of Human Resources.
Nick Cabon, Team Leader at the Commission for Healthcare Audit and Inspection, had been appointed as Head of Performance.
Heather Lawrence explained the proposals for Acting Director posts of Governance and Corporate Affairs and Service Development, which would be put to the Remuneration Committee.

1.5.3 GETTING BETTER AT CHELSEA AND WESTMINSTER: 1000 GOOD IDEAS
Heather Lawrence said that the Trust had successfully launched its drive to collect 1000 good ideas to improve patient care and staff satisfaction. At the AGM, Andrew MacCallum and Jenny Hill would give an overview and progress report, and the Trust Board would receive a report at its October meeting. AM/ Oct TB

1.5.4 TREATMENT CENTRE
Heather Lawrence said that the Treatment Centre was back on schedule, following the change of contractor, as a result of the voluntary administration of the previous contractor in August. There had been no cost or time implications for the Trust.

1.5.6 OBSERVATION WARD
Heather Lawrence said that a medical admissions unit was being developed adjacent to A&E. Due to the urgency of having such a facility, the formal tendering procedures had been waived and a single tender accepted to build a six bed facility.

1.5.7 SECURITY MANAGEMENT
The Trust Board ratified the nomination of Charles Wilson as the designated non-executive to promote security management issues.

1.5.8 PATIENT AND PUBLIC INVOLVEMENT (PPI) FORUM LAUNCH EVENT
Heather Lawrence outlined the topics which had been addressed at the forum.

1.5.9 FOUNDATION TRUST STATUS
Heather Lawrence reported on a recent briefing. A paper would be brought to the November meeting and the Board would be asked to decide on the tranche in which the Trust should proceed with its application. HL/ Nov TB

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2. PERFORMANCE

2.1 FINANCE REPORT

Lorraine Bewes presented the report, which showed that the overall financial position of the Trust at Month 5 had been an over spend of £2.48 million. The in month position had been skewed by the distribution of a number of reserves relating to funding the LDHP activity plan, step-down facilities in Medicine and the Maternity Business Case and some prior year income gains. The underlying movement for Month 5 had been an adverse variance of £0.383 million.

The deficit reflected an over spend on pay of £1.716 million. Nursing had remained the only staff group overspent against budget. The two main factors which had caused this were the Treatment Centre project, which had resulted in short-term inefficiencies within Day Surgery, and midwifery vacancy levels within Maternity. The over spend on non-pay of £1.168 million was spread across a number of pay-lines, particularly Estates Maintenance, consultancy and activity related expenses. Lorraine Bewes confirmed that spending was forecast by directorates to reduce in line with savings plans.

All directorates were expected to break even, with the exception of Medicine. The cost pressure in Adele Dixon Ward as a result of Bank and Agency usage due to Level 1 patients on the ward continued.

The key issue for the Board was the gap in SaFF income, which was forecast to be £2 million below budget. The proposal by Hammersmith and Fulham PCT to remove between £0.5 million and £1 million of activity compared with the previous year's out-turn had been taken to arbitration. The SHA had decided that it would support Hammersmith and Fulham removing £0.25 million of activity while further work was undertaken to establish the real level of activity to be removed. The Trust was forecasting an overall deficit of £1.9 million, which did not allow for the above decision. However an improved offer had been received for neo-natal care, which broadly offset the Hammersmith and Fulham loss.

The SaFF baseline income had assumed that 50% of the remaining SaFF gap with PCTs (excluding Hammersmith and Fulham) would be resolved in favour of the Trust.

The Trust had written to the SHA to ask for deferral of the £1.8 million deficit payback to the following year. This would enable the Trust to repay the amount once the full benefit of the revaluation had been realised.

The Trust Board noted the financial position at Month 5 and the key risks.

2.2 SAVINGS PLAN

Lorraine Bewes presented an update on progress with realising the Savings Plan for 2004/05. The Trust had identified schemes totalling £6.5 million and directorates had identified additional non-recurrent savings plans of £2.4 million to manage budgets to within agreed forecasts, leaving £788,000 unidentified costs. Medicine, Accident and Emergency, Operations and Service Level Agreements were the key areas which needed to identify schemes to close the gap. Central initiatives on nurse skill mix and procurement were only half achieved and the initiative to recover appropriate costs from the Royal Brompton and the Royal Marsden had not been realised at this stage.

Lorraine Bewes noted that although good progress was being made to reduce the savings target gap in 2004/2005, a significant proportion had been identified non-recurrently. Directorates would be required to work up their recurrent savings plans as part of the budget setting exercise for 2005/2006.

Andrew Havery asked what savings had been realised in terms of cash taken out. Lorraine Bewes said that at month 5, expenditure had decreased and £3 million had been taken out of budgets.

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The Trust Board noted the progress with delivering the Trust Savings Target for 2004/2005.

2.3 CAPITAL PROGRAMME 2004-2005

Lorraine Bewes said that future capital programmes would be presented simultaneously with the revenue budget. £11,685,000 was available for 2004/2005. A capital programme totalling £12,149,000, an over programming of £464,000, was proposed. This programme would be managed back to budget mainly through slippage during the year.

The Trust Board approved the Capital Programme for 2004/2005.

2.4 CAPITAL PROGRAMME BOARD

Lorraine Bewes presented the paper which set out the terms of reference for the establishment of a Capital Programme Board. It would be responsible for capital planning, approval and monitoring of the Trust's capital programmes whilst keeping the Trust Board fully informed of the capital budgetary and operational progress.

The Trust Board approved the establishment of the Capital Programme Board.

2.5 PERFORMANCE MANAGEMENT

Edward Donald presented the report which provided information about the Trust's performance for the period ending 31st August 2004. Attention continued to be given to the balanced scorecard to improve the number of focus areas in the top band of performance. Appendices had been attached giving a detailed Performance Improvement Plan for the staff survey and information governance performance indicators, clearly showing the executive leads and the responsible officers, and the action required to deliver the year end position in the top band.

Tolerance levels for the key performance indicators and secondary targets would not be published until a week before the ratification process. In relation to waiting list guarantee, 2 week cancer waits, outpatient 17 week maximum wait and 12 hour A&E trolley waits, the Trust could not afford further breaches in year if these targets were to be achieved.

The Trust Board noted the report.

2.6 EMERGENCY CARE REPORT

Edward Donald presented the paper, which provided information about the Trust's performance in respect of the NHS Plan target of 98% of patients spending 4 hours or less in A&E departments from arrival to admission, transfer or discharge from January 2005 onwards.

Edward Donald said that an allocation of £520,000 had been received from the PCT through Service Level Agreement negotiations and outlined how the resource had been allocated. Additionally, £168,000 had been invested from the capital programme to develop a six bed Clinical Decision Unit. This level of investment would provide the minimum additional facilities and manpower required if the Trust was to deliver the 98% target by the start of January 2005.

A detailed action plan had been developed for the specialist take teams about the way the take was organised and the importance of ensuring patients received prompt assessment at a senior level once referred. The work was being led by the Medical Director and Clinical Directors.

Psychiatric patients represented a significant number of breaches due to the complex arrangements involved in their assessment, diagnosis and decisions to admit. Work

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was being followed through with Mental Health Trusts to significantly reduce waiting times. It had been clarified that 'out of area' patients who required admission should have access to private placement, and an escalation policy had been agreed to ensure that this principle was carried through. The issue of whether area of residence or GP postcode should take precedence was being picked up with the SHA.
A detailed action plan for Bed Management had been drafted, and this would be the next key focus.

The Trust Board noted the report and conclusions.

3. STRATEGY/DEVELOPMENT

3.1 There were no items under this heading.

4. GOVERNANCE

4.1 COMPLAINTS PROCEDURE UPDATE

Andrew MacCallum presented the paper. He said that full guidance had not been published and was expected early in 2005. There were three stages in the complaints process and the significant changes were in the independent or second stage of the process. Responsibility for the independent review had been transferred from the non-executive directors and associate members of the Trust to the Healthcare Commission.
Heather Lawrence noted that the Human Resources Department was undertaking a review of customer care training, which would include best practice in the private sector.
Marilyn Frampton asked if an ICAS service had been set up by the PCT. Andrew MacCallum confirmed that this had happened and he believed that good support was being provided to patients.

The Trust Board thanked the convenors for their work.
The Trust Board designated Andrew MacCallum and Jenny Hill as the executive and non-executive directors responsible for ensuring compliance with the complaints regulations, and ensuring that action was taken in the light of the outcome of any investigation.

5. ITEMS FOR APPROVAL/INFORMATION

5.1 2003/2004 AUDIT LETTER

Andrew Havery outlined two key points which had been discussed by the Audit Committee. The Trust had not achieved its in-year breakeven target and, with a forecast deficit for 2004/2005, the external auditors were discussing with the Trust writing formally to the Trust Board under their statutory powers.
Andrew Havery referred to the spot check review and the overall rating of red, using a traffic light assessment. A further review would be undertaken in the New Year, and it was hoped that improvements would be identified.

The Trust Board noted the Audit Letter.

5.2 ADVISORY APPOINTMENTS COMMITTEE

The Trust Board ratified the appointment of Dr Peter Brooks, Consultant Anaesthetist.

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5.3 I.M. & T. POLICY

The Chairman asked Alex Geddes to briefly introduce the policy and to defer the key points to the October seminar. AG/Trust Board Seminar

Alex Geddes said that IM&T was well embedded within the Trust and all directorates shared the responsibility for policy, strategy and operations. In order to comply with Information Governance the Trust required an IM&T Steering Group, responsible for the investment decision, defining the direction of the Trust and establishing the frameworks to achieve the desired objectives.

Lorraine Bewes said that the responsibilities of the group should recognise their responsibility for determining IM&T capital priorities and reporting to the Capital Investment Board on progress with IM&T capital projects.

Andrew Havery said that analysis and classification of types of data should be added.

The Trust Board endorsed the policy subject to the agreement of key points at the October seminar.

5.4 INFORMATION GOVERNANCE PLAN

Alex Geddes presented the paper which informed the Trust Board of the Action Plan to improve Information Governance. For 2003/2004 a self assessment Information Governance Toolkit had been completed and amber status had been achieved. There had been issues in evidencing appropriate practices and training, and in showing focus for IM&T. A number of actions towards the attainment of green status by March 2005 had already been taken.

Alex Geddes said that the internet should be live in December. AG

The Trust Board noted the Information Governance Action Plan and would review future plan refinement and progress against plan.

5.5 AGENDA FOR CHANGE

Clare McGurk presented the paper which gave an update on both national and local implementation of Agenda for Change (AfC). The date for full implementation had been moved to September 2005, with the deadline for job matching being pushed back to 31st March 2005. Backdating would be effective from 1st October 2004.

Clare McGurk outlined the local pay position at the Trust; it was believed that back pay would be an issue. There were four possible options. The Trust Board considered that only options 2 and 3 were feasible and asked for costs. Wherever possible work should be shared with other trusts in order to keep down costs, for example staff sitting on matching panels. CMcG

The Trust Board:
supported the consideration by the Project Board of options 2 and 3;
supported the project resource implications up to a maximum of £350,000, subject to the above comments; and
noted that there could be a cost pressure.

5.6 CHARITABLE FUNDS

Jenny Hill outlined the issues behind the organisational arrangements for the management of the Charitable Funds Committee. The preferred options were Section 11 Trustees or Section 22 Trustees (an arrangement for Foundation Hospitals). Under both sections, the trustees would be independent of the Trust with members appointed by the Appointments Commission. The earliest date for any change to take place would be 1st April 2006.

Jenny Hill considered that Section 11 would enhance the committee's fund raising capability. Heather Lawrence noted that fundraising was possible under the existing

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Corporate Trustees arrangement and Section 11 would require dedicated staff.
The Chairman expressed concern that the appointments process could result in the loss of the existing members with whom the Trust had a good relationship.
Charles Wilson noted that Section 11 trustees would manage charitable funds for the benefit of a Trust or wider health area. Rodderick Corrie said that the existing committee managed funds on behalf of the PCT. Heather Lawrence said that the committee would need to consult with the PCT.
Rodderick Corrie said that Section 11 was governed by the Charities Commission, which would set terms of reference. He saw the change of status as an opportunity to resolve some of the issues, for example the ownership of the artwork. These issues could be programmed into the workload rather that being left until such time as the Trust achieved Foundation Trust Status when they would become urgent.
Jenny Hill believed that the existing structure of sub committee of the Trust Board made it difficult to attract high status fund raisers. Lorraine Bewes noted that this had not been tested.
Rodderick Corrie said that there would be no change in the way specific funds were administered.
Rodderick Corrie confirmed that any set up costs would be met by the Charitable Funds Committee.
The Chairman said that, at the recent Charitable Funds Committee Meeting, he had agreed that Mary Neiland should remain as staff representative whilst the status of the committee was being considered.

The Trust Board:
ratified the decision that Mary Neiland should remain as a staff representative, whilst the organisational arrangements of the committee were being considered;
approved the appointment of Claire Wilson as an independent member; and
thanked Peter Piper for his contribution to the committee.

Roderick Corrie left the meeting.

The Trust Board approved the application by the Charitable Funds Committee to become Section 11 Trustees subject to review of the terms of reference and application in advance, clarification of the process and an agreed timescale.

6. QUESTIONS FROM THE MEMBERS OF THE PUBLIC

6.1 There were no questions.

7. ITEMS FOR INFORMATION

7.1 There were no items under this heading.

8. MINUTES OF SUB COMMITTEES

The Trust Board received minutes:

8.1 Audit Committee, 21st July 2004

8.2 Charitable Funds Committee, 13h July 2004

8.3 Communications Sub-Group, 26th July and 20th September 2004

8.4 Remuneration Committee, 29th July 2004

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9 ANY OTHER BUSINESS

9.1 There was no other business.

10. DATE OF THE NEXT MEETING

10.1 28th October 2004

11. CONFIDENTIAL BUSINESS

The Chairman proposed and the Trust Board resolved that the public be now excluded from the meeting because publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be concluded in the second part of the agenda. The items to be discussed related to commercial matters and individuals.